

477-000-046 – Procedures for Medicaid Insurance for Workers with Disabilities

Test A Income Steps

1. Disregard all the disabled individual's earned income.
2. Disregard all the disabled individual's unearned income that is based on a trial work period:
 - a) Social Security Disability payment is disregarded if he/she is in a trial work period. The worker must contact Social Security to verify the trial work period.
 - b) VA Disability payment, Worker's Compensation payment, Civil Service disability, and private disability insurance must be verified with the source to determine if the receipt of the payment is based on that source's trial work period.
3. Count all other unearned income for the disabled individual and spouse.
4. Count the spouse's net earned income (\$65 + 1/2 disregarded).
5. Total the countable income for the individual or couple; if
 - a) Greater than the single or couple FBR (\$733 or \$1,100) = Fail Eligibility
 - b) Less than or equal to the single or couple FBR (\$733 or \$1,100) = Pass and go to Test B.

Test B Income Steps

1. Calculate the countable earned income. Give the \$65 + 1/2 disregard to the individual or couple. [The disabled individual's earned income IS counted, unlike Test A]
2. Calculate all gross unearned income for the individual or couple. Allow appropriate medical budget disregards.
[The disabled individual's unearned income that was disregarded in Test A is now counted]
3. Total all countable income for the individual or couple.
 - a) If countable income is EQUAL to or GREATER than 250% of Federal Poverty Level for the household = FAIL eligibility for Medicaid Insurance for Workers with Disabilities. Reject the case with a manual IM-8 unless the individual chooses a share of cost.
 - b) If countable income is LESS than 200% of Federal Poverty Level for the household [101% through 199%] = PASS eligibility for Medicaid Insurance for Workers with Disabilities and is fully Medicaid eligible with NO MONTHLY PREMIUM PAYMENT. [200% FPL 1 = \$1,962 2 = \$2,656]
The disabled individual would also be eligible for Medicare Part B buy-in.
 - c) If countable income is 200% to 250% of Federal Poverty Level [200% through 249%] = PASS eligibility for Medicaid Insurance for Workers with Disabilities WITH A MONTHLY PREMIUM PAYMENT [See chart]

The disabled individual is NOT eligible for Medicare Part B buy-in.

Trial Work Period

Social Security Disability Insurance (SSDI) Trial Work Periods are as follows:

Trial Work Period: This is a period of nine months, which are not necessarily consecutive, during which an SSDI client earns more than \$770 a month. The SSDI client's benefits are not affected by the earnings during this nine-month period.

Cessation Month: This is the month, in which SSA determines that the SSDI client's earnings are "substantial", i.e., over the \$1,090 Substantial Gainful Activity (SGA) level and benefits are to cease. This is the tenth month following the nine-month Trial Work Period.

Grace Months: These are the two months (months 11 and 12) following the cessation month for which SSDI benefits may be paid even though the client has earnings in excess of the SGA level.

Extended Period of Eligibility: If an SSDI client is medically disabled and continues to work, his/her benefits can be reinstated anytime during the 36 months following the nine-month Trial Work Period. Clients will receive their full SSDI benefit any month that their earnings fall below \$1,090. SSDI benefits will continue any of these 36 months that the client does not earn \$1,090. These 36 months are consecutive.

All of the above are considered Trial Work Periods for Test A, i.e., disregarding earned income and unearned income contingent upon a Trial Work Period. We consider SSDI's Trial Work Period (nine months), Cessation Month (one month), Grace Months (two months) and Extended Period of Eligibility (36 months) all Trial Work Period months and disregard SSDI unearned income in Test A. In determining which month of the Trial Work Period the client is in or if s/he is in a Trial Work Period, the worker should contact the Social Security Administration.

Disability Determination

Individuals currently receiving a Social Security Disability payment (SSDI) will not need an additional disability determination. All other individuals considered for this program must have a disability determination from the State Review Team (SRT). The following procedure is for SRT determination.

State Review Team Referral Process

WHO:

1. Individuals who have been terminated from SSI 1619(b) or State 1619(b) because of time limit or earnings exceed limit. Do NOT close case while the SRT referral is pending.
2. Individuals that receive Veterans Disability, Railroad Disability, Worker's Compensation or other disability payments.
3. Individuals who allege disability but receive no disability benefits.
4. Individuals who do not get an SSDI check and have used up the 36-month Extended Period of Eligibility.

WHAT:

1. A completed DM-5 and related medical documentation
2. A completed DM-12D
 - a) At the top of page one check the MIWD box.
 - b) On page three, item 11A, specify the individual's gross monthly earned income AND the weekly number of hours worked.

SRT will make a decision on the disability and send a DM-5R to the worker to take appropriate action.

PREMIUM PAYMENT CHART

ONE

\$ 981 - 1,961 = \$0
1,962 - 2,059 = 40
2,060 - 2,157 = 84
2,158 - 2,255 = 132
2,256 - 2,353 = 184
2,354 - 2,452 = 240

TWO

\$1,328 - 2,654 = \$0
2,655 - 2,752 = 54
2,753 - 2,883 = 114
2,884 - 3,014 = 179
3,015 - 3,145 = 250
3,146 - 3,277 = 325

PREMIUM PAYMENT PROCESS:

Medicaid Insurance for Workers with Disabilities will work much like TMA Premium Payments. The client must pay the full premium to the worker no later than the 21st of the month following the month for which the payment is designated.